TOWN OF LEXINGTON

Community Development Building Department



The Commonwealth of Massachusetts State Board of Regulations and Standards Massachusetts State Building Code 7th Edition

APPLICATION TO ALTER AN EXISTING BUILDING PERMIT OR TO CHANGE CONTRACTOR					
SITE INFORMATION:					
Property Address:			PERI	MIT#	
Assessors Map # Parcel	#				
Description of proposed changes:					
	Additional Cost:				
PROPERTY OWNERSHIP/AUTHORIZED AGENT: MUST BE SIGNED BY OWNER OF RECORD					
Owner of Record: Mai			iling Address:		
Name (printed)					
Signature	Phone #				
Authorized Agent:	Mai		iling Address:		
Name (printed):			Ü		
Fignature: Phone #					
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EXISTING CONSTRUCTION SERVICES:					
Licensed Construction Supervisor:			Not Applicable:		
Name (Printed):			License Number		
Address:			Expiration Date		
Signature: Phone #			-		
Registered Home Improvement Contractor:			Not Applicable:		
Company Name:			Registration Number		
Address:			Expiration Date		
Signature: Phone #					
NEW PROPOSED CONSTRUCT	ON SERVICES:		(IF CH	ANGED)	
Licensed Construction Supervisor:			Not Applicable:		
Name (Printed):			License Number		
Address:			Expiration Date		
Signature: Phone #					
Registered Home Improvement Contractor:			Not Applicable:		
Company Name:			Registration Number		
Address:			Expiration Date		
Signature:	Phone #				
This section for Official Use Only					
Additional Permit Fee:		Received by:		Receipt #:	
Date Received	Date Issued		Revisio	on #:	

Approved Date

ISSUED BY: